


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90164 027 \*\*\*150.00

<b>DOCUMENT # P07000090369</b>	
1. Entity Name <b>TRU GUARD, INC.</b>	

Principal Place of Business <b>117 PALM CIRCLE ATLANTIS, FL 33462</b>	Mailing Address <b>117 PALM CIRCLE ATLANTIS, FL 33462</b>
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2. Principal Place of Business - No P.O. Box # <b>199 NW 28<sup>th</sup> Street</b>	3. Mailing Address <b>199 NW 28<sup>th</sup> Street</b>
Suite, Apt. #, etc. <b>Bay 15</b>	Suite, Apt. #, etc. <b>Bay 15</b>
City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33431</b>	Country <b>USA</b>



03122008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-0759292</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent <b>MAFFETTONE, LORRAINE 117 PALM CIRCLE ATLANTIS, FL 33462</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAFFETTONE, LORRAINE 117 PALM CIRCLE ATLANTIS, FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lorraine Maffettone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #